

Personal and Public Involvement (PPI)



Sample questions for monitoring forms - Equality Unit

Opening Statement

The [name of organisation] is committed to promoting equality. To do so, we need to better understand how diverse those people are who [use our services/work with us]. This will allow us to better understand the impacts of our work on different groups and to make changes to better promote equality for all. Equality legislation in Northern Ireland asks us to look at nine equality categories altogether.

All responses to this questionnaire will be treated within the principles of confidentiality and anonymity. Use of monitoring information will involve statistical summaries only. No information which could be used to identify you will be made available in any way. All responses are processed in line with our strict and robust data protection obligations.

1a. What is your sex?

Male Female Other (please specify) _____

1b. Is the gender you identify with the same as your sex registered at birth?

Yes No (write in gender identity) _____ Prefer not to say

2a. What is your country of birth?

Northern Ireland England Wales
 Scotland Republic of Ireland Prefer not to say

Elsewhere (please tell us where) _____

2b. What is your ethnic group?

White Chinese Irish Traveller
 Roma Indian Filipino
 Black African Black Other

Mixed Ethnic Group (please specify) _____

Any Other Ethnic Group (please specify) _____

Prefer not to say

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3a. Disability

In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.

Under this definition, do you consider yourself as having a disability?

- Yes No Prefer not to say

3b. If yes, please indicate which type of impairment(s) applies to you. (Please tick all that apply)

- Physical Impairment, e.g. difficulty using arms or requiring a wheelchair
 Sensory Impairment, such as blind/sight loss or deaf/hearing loss
 Mental health condition, e.g. depression or schizophrenia
 Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability
 Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other (please specify) _____

- Prefer not to say

4. How would you describe your Sexual Orientation?

- Gay Heterosexual Lesbian Bisexual
 Prefer not to say Other (please specify) _____

5. How would you describe your caring responsibilities? (Please tick all that apply)

- Child(ren) under 18 An older person A person with a disability
 None Prefer not to say

6. Please indicate your religion:

- Buddhist Catholic Hindu Jewish
 Muslim Protestant Sikh Prefer not to say
 None Other (please specify) _____

7. Please indicate your marital status

- Single Separated Married/Civil Partnership
 Cohabiting Widowed Divorced/Dissolved Civil Partnership
 Prefer not to say Other (please specify) _____

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PPI - Involving you, improving care



8. How would you describe your political opinion?

Broadly Unionist Broadly Nationalist Prefer not to say

Other (please specify) _____

9. What age were you on your last birthday? _____

Thank you for completing this form.

For more information on Involvement, Co-Production and Partnership Working
please visit the Engage website.

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